S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40593

State File No.

FILED DEC 2 1947

Registration District No. 323 — Primary Registration District No. 6091 — Registrar's No. 30

1. PLACE OF DEATH:
(a) County: SALINE
(b) City or town: RURAL, ~~SWEET SPRINGS~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lake Land Farm on Lake Lincoln Springs (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: / (Specify whether years, months or days) In this community: 7 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: SALINE 97
(c) City or town: RURAL, ~~SWEET SPRINGS~~ (If outside city or town limits, write "RURAL") 0
(d) Street No. ~~507 N. MAIN ST~~ Lake Land (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MAJOR ROY BLACKBURN
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: MALE
5. Color or race: WHITE
6. (a) ~~Single~~, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: July (Month) 4 (Day) 1891 (Year)

8. AGE: Years 56 Months 3 Days 11 If less than one day: hr. min.

9. Birthplace: SWEET SPRINGS (City, town, or county) Mo (State or foreign country)
10. Usual occupation: JANITOR
11. Industry or business: ~~[illegible]~~

MOTHER / FATHER
12. Name: Orron Blackburn
13. Birthplace: N.C. (City, town, or county) (State or foreign country)
14. Maiden name: SUSAN BROCKMAN
15. Birthplace: Ky. (City, town, or county) (State or foreign country)

16. (a) Informant: JESSIE BLACKBURN
(b) Address: SWEET SPRINGS Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation: ST PAUL CEMETERY
18. (a) Signature of funeral director: R. C. CARTER
(b) Address: SWEET SPRINGS Mo
19. (a) 11/17/47 (Date received local registrar) (b) Dolly Andrew (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 4 day 15th year 1947 hour 6 minute 05A M.

21. I hereby certify that I attended the deceased from Oct. 31 1947 to Nov. 15 1947 that I last saw him alive on Nov. 4 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury

23. Signature: Joseph P. Doyle M. D. or other
Address: Sweet Springs Date signed: 11-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Doyle

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,

District File Number _____
Date Filed 12-1-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ Registered Apprentice No. _____, working under my personal supervision.

Signed R. C. Carter

Licensed Embalmer No. 3513

P. O. Address Hot Springs Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.